



Well Water Analysis Request Form

For a well water analysis request please check one of the three options below:

- ☐ **Option 1:** Well Water Panel (includes the following: chloride, conductivity, fluoride, iron, nitrate (as nitrogen), manganese, pH, sulfate, total hardness, total dissolved solids and presence/absence of total coliform and E. coli bacteria). **Cost is \$170.00**
- In accordance with Chapter 230 – Groundwater Availability Certification for Platting of the Texas Commission on Environmental Quality (TCEQ) Rule Project No. 2007-045-230-PR: (2) For proposed subdivisions where the anticipated method of water delivery is from individual water supply wells on individual lots, samples shall be analyzed for the following: chloride, conductivity, fluoride, iron, nitrate (as nitrogen), manganese, pH, sulfate, total hardness, total dissolved solids and presence/absence of total coliform bacteria.
- ☐ **Option 2:** VOC (Volatile Organic Compounds) Only , **Cost is \$130.00**
- ☐ **Option 3:** Both the Well Water Panel and VOC, **Cost is \$300.00**
- ☐ **Option 4:** Other individual analysis: _____ Cost is \$ _____

OVERALL TOTAL COST: Option(s) _____ = _____ **x # of Faucets** _____ = _____
(For example: Option 3 = \$300.00 x # of Faucets 3 = \$900.00)

Company/ Individual Name _____ Date _____

Attention (Individual analysis results go to): _____

Mailing Address _____
Street City State Zip

Well Location _____
Street City State Zip

Phone _____

Payments must be made at our Downtown Customer Service location, 908 Monroe Street. Cash and check payments can be made at the Centralized Laboratory located at 2600 S.E. Loop 820, Ft Worth. If you have any questions about the test, please contact the Water Department's Centralized Laboratory at 817-392-5900.

Signature of Owner/Designee of Establishment _____ Date _____

☐ Please send an electronic copy of my results to _____
[Optional] Electronic Address Signature

Fort Worth Water Department
Customer Service/Special Accounts
P.O. Box 870
Fort Worth, Texas 76101-0870



PE45/493482/0601000
Misc Rev Water

FOR WATER DEPARTMENT USE ONLY

Customer ID/Location ID _____ Receipt # _____ Check No. _____

Amount \$ _____ Date of Payment _____ Cashier _____

Faxed to Laboratory Services (817) 392-5920 by _____